

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0520024	WINDING TRAILS RECREATION ASSN - UPPER			NC	207	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
50 WINDING TRAILS DRIVE			Connections		5			
Towns Served: FARMINGTON								

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20899	WELL	2	WELL	A				

### Contact Information

Name				Organization			Job Title		
Ms. Heidi Martin				Winding Trails Inc.			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
50 Winding Trails Drive						Farmington		CT	06032
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-677-8458			860-676-9407			860-675-4313	HEIDI@WINDINGTRAILS.COM		
Contact Role(s):		Owner							

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0520024</b>	<b>WINDING TRAILS RECREATION ASSN - UPPER</b>	<b>NC</b>	<b>207</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
50 WINDING TRAILS DRIVE				5	
Towns Served: FARMINGTON					
Name		Organization		Job Title	
<b>Mr. Bryan Martin</b>		Winding Trails Inc.		Parks Superintendent	
Mailing Address Line One		Mailing Address Line Two		City	State
50 Winding Trails Drive				Farmington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-676-0403		860-676-9407		860-674-9261	BRYAN@WINDINGTRAILS.COM
Contact Role(s): <b>Administrative Contact</b>					
Name		Organization		Job Title	
<b>Mr. Scott Brown</b>		Winding Trails, Inc		Executive Director	
Mailing Address Line One		Mailing Address Line Two		City	State
50 Winding Trails Drive				Farmington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-677-8458	18	860-674-9407		860-305-7612	scott@windingtrails.org
Contact Role(s): <b>Legal Contact</b>					

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0520054	FARMINGTON POLO GROUNDS			NC	35	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
152 TOWN FARM ROAD			1	1			

Towns Served: FARMINGTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
20902	WELL	2	WELL	A				
60680	ATMOSPHERIC STORAGE (POLY)							

### Contact Information

Name				Organization		Job Title			
Mr. Adam M. Barbash				Fuss & O'Neill, Inc.		Vice President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
			146 Hartford Road			Manchester		CT	06040
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-646-2469		5534			203-250-5134	abarbash@fando.com			
Contact Role(s):		Administrative Contact							

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0520054</b>	<b>FARMINGTON POLO GROUNDS</b>	<b>NC</b>	<b>35</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
152 TOWN FARM ROAD			1	1	
Towns Served: FARMINGTON					
Name		Organization		Job Title	
<b>Mr. David Falt</b>					
Mailing Address Line One		Mailing Address Line Two		City	State
		275 Schoolhouse Road		Cheshire	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-250-5134		203-250-2870		203-250-5109	dfalt@bozzutos.com
Contact Role(s): <b>Legal Contact, Owner</b>					
Name		Organization		Job Title	
<b>Mr. Kevin R. Daly</b>		Bozzuto's, Inc.		Vice President	
Mailing Address Line One		Mailing Address Line Two		City	State
		275 Schoolhouse Road		Cheshire	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-250-5109				203-250-5134	kdaly@bozzutos.com
Contact Role(s): <b>Legal Contact</b>					

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0520064	FARMINGTON FIELD CLUB			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
21 HILLTOP ROAD					1			
Towns Served: FARMINGTON								

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	5/24/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20903	WELL	2	WELL	A				
55621	ATMOSPHERIC STORAGE							
55623	PRESSURE STORAGE							

### Contact Information

Name				Organization			Job Title		
Mr. Joshua R. Lamay				Farmington Field Club					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P. O. Box 10			21 Hilltop Road			Farmington		CT	06034
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-631-8246						generalmanager@farmingtonfieldclub.org			
Contact Role(s): Administrative Contact, Legal Contact, Owner									

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0520064</b>	<b>FARMINGTON FIELD CLUB</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
21 HILLTOP ROAD			1		
Towns Served: FARMINGTON					
Name		Organization		Job Title	
<b>Ms. Jennifer Albert</b>		Farmington Field Club		Pool Committee Lead	
Mailing Address Line One		Mailing Address Line Two		City	State
21 Hilltop Rd				Farmington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-677-1209					fjalbert_family@sbcglobal.net
Contact Role(s): <b>Legal Contact</b>					

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0520084	RIVERFRONT MINIATURE GOLF, INC.			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 RIVER ROAD				2			

Towns Served: FARMINGTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19			
	5/1/19 - 5/31/19			
	6/1/19 - 6/30/19			
	7/1/19 - 7/31/19			
	8/1/19 - 8/31/19			
	9/1/19 - 9/30/19			

Physical Parameters (PPS)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
DISTRIBUTION SYSTEM (4)	4/1/19 - 4/30/19			
	5/1/19 - 5/31/19			
	6/1/19 - 6/30/19			
	7/1/19 - 7/31/19			
	8/1/19 - 8/31/19			
	9/1/19 - 9/30/19			

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete	
	1/1/19 - 12/31/19			
	1/1/20 - 12/31/20			

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	8/31/2007	

### Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/17 - 5/1/18	2	7/30/2017		8/9/2017	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/23/18 - 5/1/18	2	6/29/2018		7/9/2018	
REVISED TOTAL COLIFORM RULE (RTCR)	4/23/18 - 5/8/18	3	6/1/2019		6/11/2019	
Total Coliform M&R Violation	9/1/18 - 9/30/18	3	11/13/2019		11/23/2019	
Total Coliform M&R Violation	8/1/18 - 8/31/18	3	11/13/2019		11/23/2019	
Physical Parameters M&R Violation	9/1/18 - 9/30/18	3	11/20/2019		11/30/2019	
Physical Parameters M&R Violation	8/1/18 - 8/31/18	3	11/20/2019		11/30/2019	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0520084	RIVERFRONT MINIATURE GOLF, INC.			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 RIVER ROAD				2			

Towns Served: FARMINGTON

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20905	WELL	2	WELL	A				
59338	BLADDER TANK							

### Contact Information

Name				Organization		Job Title			
Mr. Paul G. Kramer				Riverfront Miniature Golf, Inc		President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
218 River Rd						Unionville		CT	06085
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-921-1922						860-673-0488	vkfan1963@aol.com		

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0529044	WINDING TRAILS RECREATION ASSN - LOWER			NC	207	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
50 WINDING TRAILS DRIVE				5			
Towns Served: FARMINGTON							

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	4/15/2019	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GR-1	KITCHEN FAUCET	A	Y			
		MC-1	MECHANICAL RM SPIGOT	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
50144	WELL	2	WELL	A				

### Contact Information

Name				Organization			Job Title		
Ms. Heidi Martin				Winding Trails Inc.			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
50 Winding Trails Drive						Farmington		CT	06032
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-677-8458			860-676-9407			860-675-4313	HEIDI@WINDINGTRAILS.COM		
Contact Role(s):		Owner							

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0529044</b>	<b>WINDING TRAILS RECREATION ASSN - LOWER</b>	<b>NC</b>	<b>207</b>	<b>L</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
50 WINDING TRAILS DRIVE				5	
Towns Served: FARMINGTON					
Name		Organization		Job Title	
<b>Mr. Bryan Martin</b>		Winding Trails Inc.		Parks Superintendent	
Mailing Address Line One		Mailing Address Line Two		City	State
50 Winding Trails Drive				Farmington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-676-0403		860-676-9407		860-674-9261	BRYAN@WINDINGTRAILS.COM
Contact Role(s): <b>Administrative Contact</b>					
Name		Organization		Job Title	
<b>Mr. Scott Brown</b>		Winding Trails, Inc		Executive Director	
Mailing Address Line One		Mailing Address Line Two		City	State
50 Winding Trails Drive				Farmington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-677-8458	18	860-674-9407		860-305-7612	scott@windingtrails.org
Contact Role(s): <b>Legal Contact</b>					

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0529054	CAROL'S LUNCHBOX			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1365 FARMINGTON AVE							1	
Towns Served: FARMINGTON								

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
60238	WELL 1	2	WELL 1	A				

### Contact Information

Name				Organization			Job Title		
Mr. Jeff Scott									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
165 Thompson Road						Avon		CT	06001
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-250-0723					scottssweeping@gmail.com				
Contact Role(s): Administrative Contact, Legal Contact, Owner									

**Please note the following:**

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

<http://www.ct.gov/dph/publicdrinkingwater>

**End of schedule**

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.